

## GUIDE TO EXTENDED RETAIL HOURS

Pursuant to Ordinance 8-7, a permit must be obtained before operating any retail business after Midnight or before 5:00 AM. The permit is valid from the date of the permit through the following May 15. The fee is \$200.00. The public hearing fee is \$150.00.

For new applicants and current permit-holders who are applying to further extend their retail hours, a public hearing will be required; contact the City Clerk for more information.

To complete the application:

1. Fill in the Application for Extended Retail Hours. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the Workers' Compensation Insurance Affidavit (In most cases, fill in the unshaded portion and sign at the bottom; if you have workers' compensation insurance, be sure to include the name of the insurance company and the policy number).
2. For new applicants OR current license-holders who are further extending their retail hours, proceed to the Police Chief's Office to obtain a sign-off on the Application, as follows:  
Police Department  
220 Washington Street  
617 625-6600 x7200  
Monday – Friday, 8:30 AM – 4:00 PM
3. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:  
Treasury  
93 Highland Avenue (City Hall)  
617 625-6600 x3500  
Monday–Wednesday, 8:30 AM – 4:00 PM  
Thursday, 8:30 AM – 7:00 PM  
Friday, 8:30 AM – 12:00 PM
4. Return all materials to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. The City Clerk will forward the application to the Board of Aldermen for consideration. The Board usually meets on the 2<sup>nd</sup> and 4<sup>th</sup> Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.
5. For new applicants OR current license-holders who are further extending their retail hours, arrange with the City Clerk a date for a Public Hearing before the Board of Aldermen. Submit to the City Clerk a check in the amount of \$150.00, payable to the City of Somerville, to advertise the Hearing. The City Clerk will inform you of the date for the Public Hearing before the Committee on Licenses and Permits. You should attend that Public Hearing.

# APPLICATION FOR AN EXTENDED RETAIL HOURS PERMIT

Application Fee \$200.00

Date\_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY

Date Recorded \_\_\_\_\_

Amount Paid

\_\_\_ New Application

## Renewing Application with Additions or Changes

### \_\_Renewing Application with NO Additions or Changes

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business (Check one):    ☐ Individual    ☐ Sole Proprietorship

☐ Corporation   
 ☐ Association   
 ☐ Partnership

IF AN INDIVIDUAL OR SOLE PROPRIETORSHIP:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A CORPORATION OR ASSOCIATION:

President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

Address with Zip Code:\_\_\_\_\_

IF A PARTNERSHIP (Attach additional sheets as necessary):

Partner 1's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner 2's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Extended hours requested (include hours of operation and days of week) \_\_\_\_\_

\_\_\_\_\_

Type of business \_\_\_\_\_

\_\_\_\_\_

Length of time at this location \_\_\_\_\_

### **ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **POLICE DEPT. (for new applicants or applicants further extending their hours):**

The Chief of Police recommends that the application be

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE**

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

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\* Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

***WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.***

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: \_\_\_\_\_
2. Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_ **ORIGINAL STAMP:**

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:** Please PRINT legibly

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_ phone #: \_\_\_\_\_

work site location (full address): \_\_\_\_\_

☐ I am a sole proprietor and have no one working in any capacity.  
☐ I am an employer with \_\_\_\_\_ employees (full & part time).  
☐ I am an employer providing workers' compensation for my employees working on this job.

**Business Type:** ☐ Retail ☐ Restaurant/Bar/Eating Establishment  
☐ Office ☐ Sales (including Real Estate, Autos etc.)  
☐ Other \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_ policy #: \_\_\_\_\_

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

**company name:** \_\_\_\_\_

**address:** \_\_\_\_\_

**city:** \_\_\_\_\_ **phone #:** \_\_\_\_\_

**insurance co.:** \_\_\_\_\_ **policy #:** \_\_\_\_\_

**company name:** \_\_\_\_\_

**address:** \_\_\_\_\_

**city:** \_\_\_\_\_ **phone #:** \_\_\_\_\_

**insurance co.:** \_\_\_\_\_ **policy #:** \_\_\_\_\_

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone #: \_\_\_\_\_

official use only    do not write in this area    to be completed by city or town official

city or town: \_\_\_\_\_ permit/license #: \_\_\_\_\_ ☐ Building Department

☐ check if immediate response is required ☐ Licensing Board

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_ ☐ Selectmen's Office

(revised Sept. 2003)

☐ Health Department  
☐ Other \_\_\_\_\_